



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

LEAD INSPECTION REPORT FORM

This lead inspection report form must be completed and sent to the property owner, local director of health and the commissioner of the Department of Public Health in accordance with Section 19a-111-3(d) of the regulations of Connecticut State Agencies concerning Lead Poisoning Prevention and Control.

PROPERTY INSPECTED

Street Address: _____ Apt.# _____ Floor: _____

City/Town: _____ Zip Code: _____ Telephone: _____

If Apartment, Number of Units: _____ Year Property Built: _____

PROPERTY OWNER

Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

INSPECTING ENTITY

A. If Consultant Contractor:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Consultant License Number: _____

Inspector's Name: _____ Telephone: _____

Inspector's Certification Number: _____

B. If Code Enforcement Agency:

Department Name: _____

Street Address: _____

Town/City Department: _____ Telephone: _____

Inspector's Name: _____ Telephone: _____

Date of Inspector's Initial Training: ____/____/____ Date of Latest Refresher Training: ____/____/____



Phone: (860) 509-7299, Fax: (860) 509-7295
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 51LED
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

INSPECTION INFORMATION

Date(s) of Inspection: ____/____/____

For each day the inspection was conducted Consent was given by an adult occupant of the dwelling unit to enter and inspect all areas of the dwelling that are under the control of that individual or to which that individual has legitimate access. ☐ Yes ☐ No

Name of person granting consent: _____ Date: _____

Name of person granting consent: _____ Date: _____

Name of person granting consent: _____ Date: _____

Were Lead-Based Surfaces Identified? (Please check) ☐ Yes ☐ No

If yes, check appropriate box(es) below and attach "LEAD BASED PAINT DATA PAGES"

☐ Interior Defective Surfaces☐ Exterior Defective Surfaces☐ Interior Intact Surfaces☐ Exterior Intact Surfaces

Indicate Potential Sources of Lead Identified

☐ Paint (exterior)☐ Soil☐ Water☐ Paint (interior)☐ Dust☐ Other: _____

○ Was drinking water exposure pathway investigated and the potential for lead poisoning to a child assessed? ☐ Yes ☐ No

If yes, list sampling locations: _____

○ Was dust exposure pathway investigated and the potential for lead poisoning to child assessed? ☐ Yes ☐ No

If yes, list area(s) tested: _____

○ Was soil exposure pathway investigated and the potential for lead poisoning to child assessed? ☐ Yes ☐ No

If soil samples were collected, document soil sampling methodology below: _____

Is a lead abatement plan required for this property per section 19a-111-4(a) of the Connecticut State Regulations concerning Lead Poisoning Prevention and Control? (A lead management plan for this property may be required per Section 19a-111-2(e) of the Connecticut State Regulations concerning Lead Poisoning Prevention and Control). ☐ Yes ☐ No

The federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of most residential housing built before 1978 to disclose all available records and reports concerning lead-based paint and/or lead-based paint hazards, including the test results contained or referenced in this notice, to purchasers and tenants at the time of sale or lease or upon lease renewal. This disclosure must occur even if hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urban Development and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 and can result in a fine of up to \$11,000 per violation. To find out more information about your obligations under federal lead-based paint requirements, call 1-800-424-LEAD.

Inspector's Signature: _____ Dated: ____/____/____

Mail To:

**State of Connecticut - Department of Public Health
Division of Environmental Health
P.O. Box 340308, MS# 51LED
Hartford, CT 06134-0308**